

minutes for another hour. A CBC (complete blood count) is drawn when the patient returns to the unit and then repeated in four hours. If the patient is hemodynamically unstable or the post-procedure CBC shows $\geq 1\text{g/dl}$ change from baseline hemoglobin, the CBC is repeated every hour for four hours.

Order sets outlining pre and post-procedure orders have been developed and are available through the electronic order pathway. There is also a plan in place to audit compliance with the Plan of Care and the appropriate use of liver biopsies.

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SIBLING SUPPORT PROGRAM: MODEL FOR MULTIDISCIPLINARY INTERVENTION INITIATED BY NURSING

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According to research, healthy siblings are identified as the most disregarded and distressed of all family members affected by serious childhood illness. In an effort to increase communication and coping in these families, a multidisciplinary team at Columbus Children's Hospital implemented a sibling support program. The pilot group targeted siblings of children with cancer age 8-12. The program consisted of six modules related to facts about cancer, feelings, change, and support. The siblings were also exposed to areas of the hospital they may never see, including MRI, CT, XRAY, and the operating room. A coinciding parent group was conducted with a trained psychologist. A total of fifteen children and fifteen parents participated. Both parents and siblings were surveyed using a questionnaire developed by the multidisciplinary team. Eleven children and eight parents completed the survey. 72% of children reported that the group enabled them to talk more openly to their parents about their feelings. 82% stated that the group taught them more effective ways to cope with their ill sibling. The parent data indicated that 86% believed the group helped foster communication with their well child. All of the parents stated that the group helped their child cope more effectively with the illness of their sibling. This preliminary data suggests that a formal support program increases coping skills of the sibling, as well as fosters communication between parents and their well child. Future research, including a prospective study using the Sibling Perception Questionnaire, as well as development of an adolescent support group is planned.

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GATIFLOXACIN AS A POSSIBLE CAUSE OF HYPOGLYCEMIA IN A NON-DIABETIC STEM CELL TRANSPLANT PATIENT

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Introduction: Gatifloxacin, a broad-spectrum fluoroquinolone with relatively benign adverse effect profile, and once-daily dosing, provides an easy and convenient regimen for patients treated both in and outside the hospital. Since the Food and Drug Administration approved the antibiotic in 1999, the prescribing information has been updated to include stronger precautions of possible disturbances of glucose homeostasis. With increased use of gatifloxacin comes reports of increased incidences of interruption of glucose homeostasis. Although gatifloxacin has been previously reported as a potential cause of both hypoglycemia and hypoglycemia, the exact mechanism is unknown.

Purpose: The process of diagnosis, collaboration with multidisciplinary teams, and management of the patient as well the information learned from this experience with be shared with fellow colleagues.

Summary: A 61 year-old female with a history of lymphoma s/p allogeneic stem cell transplant in 1999. She remains in remission from that disease but has been having chronic graft versus host disease of the eyes for which she has received chronic steroids as well as continuing photopheresis. More recently she is being treated for fungal pneumonia and chronic renal failure. The patient has been taking gatifloxacin for several years. However, a few weeks prior to developing symptomatic hypoglycemia, she had an acute worsening of her chronic renal failure. The patient presented

to the clinic complaining of feeling weak, shaky, and dizzy and not feeling well, her fasting blood glucose was 37 at that time. She was given dextrose 50% and admitted for uncontrolled hypoglycemia and worsening fungal pneumonia. The patient was evaluated by endocrinology and her gatifloxacin was discontinued with normalization of her glucose without further interventions.

Implications for Nurse Practitioners: The temporal relationship of the gatifloxacin administration and the decreased glucose levels seems to correlate in our patient. The patient's renal insufficiency may have also contributed to the hypoglycemia. Gatifloxacin does exhibit an insulin-secreting property that is not fully understood, but is clinically significant. Therefore, clinicians should be aware of that possible adverse effect and act quickly if their patient develops hypoglycemia when taking gatifloxacin.

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FLEX TIME: AN OPPORTUNITY FOR EMPLOYEE SATISFACTION IN THE TRANSPLANT COORDINATOR TEAM

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The implementation of Flex Time was made in an effort to recognize overall employee satisfaction, maintain a seamless experience of nursing care for the patient, and maintain professional service to all collaborating teams. The proposal for flex time included advantages/disadvantages of flex scheduling, expectations for coordinator time off, and the measure of impact on clinic operations/ team satisfaction.

The advantages for a flex schedule would include; one day per week that can be utilized at the individual's discretion, an open opportunity for each coordinator to have time for personal achievement goals such as continuing their education for advanced professional degrees, as well as, a work schedule that is reflective of actual practice. Likewise, the disadvantages provide for potential increased risk of losing the seamless flow of patient care, colleagues unable to accept the routine absence of an individual coordinator, and the potential inability of the coordinator team to keep up with the workload. In addition, a list of expectations for the coordinator "flex day" were developed.

Survey tools were used to measure the impact of flex time on clinic operations and/or patient/team satisfaction. In the clinic, patient satisfaction is measured on a regular basis and monitored closely for comments related to coordination of care. In addition, the coordinator satisfaction tool was used to measure the quality of patient care specifically given by the coordinator. The responses were monitored for any short-term impacts and followed on a regular basis for any long-term effects of flex time.

The means for collecting the opinions come from both informal conversation and the distribution of an objective five-question survey, targeted towards physician's satisfaction in the coordination of care. The overall opinion of the group was surveyed prior to implementation to establish a base line from which to measure future satisfaction levels. The survey will be repeated periodically and results assessed for significant changes in satisfaction. The priority measurement goal was to emphasize that the quality of patient care and the core values set by the institution are maintained. Thus, the positive feedback from the patients/staff involved has led the coordinator team to provide seamless patient care with the added benefit of employee satisfaction.

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PEG-FILGRASTIM POST-CHEMOTHERAPY TO MOBILISE PBSC IN PAEDIATRIC ONCOLOGY PATIENTS

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There is limited data available on the use of PEG-filgrastim for the mobilisation of peripheral blood stem cells (PBSC) in children. Initial clinical studies using PEG-filgrastim after chemotherapy have shown successful mobilisation of CD34+ cells in adults with haematological malignancies. PEG-filgrastim has been used at Children's Hospital at Westmead (CHW) since December 2002. At CHW we mobilise and harvest PBSC's from approximately 35